

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213535714			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: GROVE PARK RECREATION, INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN H HEARD 124 S UNION ST DANVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: DANVILLE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: 00788026</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: P O BOX 2478</p> <p style="margin-left: 40px;">CITY/ST/ZIP: DANVILLE, VA 24541-0478</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KATHY SETLIFF TITLE: PRESIDENT ADDRESS: 402 SOUTHLAND DRIVE CITY/ST/ZIP/CO: DANVILLE, VA 24541 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KATHY SETLIFF TITLE: PRESIDENT ADDRESS: 402 SOUTHLAND DRIVE CITY/ST/ZIP/CO: DANVILLE, VA 24541	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANNE HARR DIRECTOR 5156 WHITMELL SCHOOL ROAD DRY FORK, VA 24549	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARLAND LEWIS DIRECTOR 244 GROVE PARK CR DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM MINTER DIRECTOR 430 CHADWYCK DR DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE WHITLOW DIRECTOR 144 BEVERLEY RD DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Darrell Williamson DIRECTOR 111 Greencroft Place Danville, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ashley DeAristizabal DIRECTOR 116 Abercrombie Place Danville, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Keith O'Donnell DIRECTOR 131 Southland Drive Danville, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tom Leggett DIRECTOR 121 Canterbury Road Danville, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paula Perez DIRECTOR 114 Cherry Lane Danville, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ NORMAN DILLON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		NORMAN DILLON, TREASURER PRINTED NAME AND CORPORATE TITLE	
		7/31/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			